



MEDICATIONS GUIDE

Foster Family Agencies, Certified Family Homes, Resource Families and Licensed Foster Family Homes

All foster family agencies (FFAs) licensed by the California Department of Social Services, Community Care Licensing Division (CCLD) shall comply with the medication regulations in Title 22, Division 6, Chapter 8.8 of the California Code of Regulations (22 CCR), FFA Interim Licensing Standards and applicable statutes. All licensed foster family homes and certified family homes shall comply with the medication regulations in Title 22, Division 6, Chapter 9.5 of the California Code of Regulations (22 CCR) and applicable statutory requirements. Resource Families approved by a FFA shall comply with the provisions regarding medication specified in the FFA [Interim Licensing Standards](#). Resource Families approved by a county shall comply with the provisions regarding medication specified in the [Written Directives](#).

Medication management represents an area of great responsibility. If not managed per physician's orders and in compliance with statutory and regulatory requirements, medications intended to help a child's or nonminor dependent's health may place that individual's health and safety at risk.

This guide is meant to help providers understand the statutes and regulations for medication management. It is not a substitute for the actual statutes and regulations governing the operation of an FFA, a certified family home, Resource Family Homes, and licensed foster family homes.

The following information provides statutory and regulatory requirements as well as suggestions for best practices to provide additional safeguards in the management of medications for children and nonminor dependents in care. An Appendix is included at the end of this document that provides applicable statutes, regulations, and interim licensing standards.

This guide is not an exhaustive treatment of the subject. If you have additional questions, you should consult with your Regional Office.

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GENERAL REQUIREMENTS FOR FFAs

FFAs shall:

- Maintain and document communication with prescriber/physicians, pharmacists, and other licensed health care professionals (22 CCR § 80075 and 88070).
- Maintain a current Order on Application for Psychotropic Medication ([JV 223](#)).
- Maintain the confidentiality of health information pertaining to a child or nonminor dependent, as required by applicable [state](#) and [federal laws](#). All information and records obtained from or regarding the child or nonminor dependent shall be confidential unless otherwise provided by law. (22 CCR § 80070 and ILS § 88360).
- Train certified family homes and Resource Family Homes on the following topics (ILS § 88372).
 - If they administer, assist in the self-administration of medication, or both, the limitations of their authorization and how to assist effectively (ILS § 88487.15).
 - Universal precautions to prevent contamination and the spread of disease (22 CCR §§ 80022, 80065).
- Provide the certified foster parents or Resource Family with the Health and Education Passport (ILS §§ 88270, 88270.1).
- Provide the certified parent or Resource Family with a copy of each child's or nonminor dependent's current medical assessment that includes identification of any prescribed medications being taken by the child or nonminor dependent (22 CCR §88069 and ILS § 88565.1).

Best practices for FFAs:

- Impart understanding that caring for children or nonminor dependents with medication needs carries risks.
- Develop a system to communicate medication changes to foster parents, Resource Families, the child or nonminor dependent, and the authorized representative.
- If the agency has a medication procedure, the FFA should evaluate foster parents and Resource Families to ensure compliance.

GUIDANCE FOR CERTIFIED FAMILY HOMES, RESOURCE FAMILIES AND LICENCED FAMILY HOMES

The following table describes several common scenarios regarding the placement of a child or nonminor dependent with medication needs. The “What to do” guidance provides recommendations that constitute good practice, as well as statutes and/or regulations. Please see the [Appendix](#) for applicable licensing laws.

Scenario:	What to do:
Storage of Medication	<ul style="list-style-type: none"> • Store medications where inaccessible to children or nonminor dependent, except as specified in CCR 22 § 89387.2 and ILS § 88487.3, which state that the caregiver may apply the reasonable and prudent parent standard in determining if it is age and developmentally appropriate for a child or nonminor dependent to have access to his/her medication. • Store medications in the original container with the original unaltered label. • Store medications in accordance with label instructions (refrigerate, room temperature, out of direct sunlight, etc.). • Store medication requiring refrigeration separately from food items. Caution should be used in selecting storage containers as metal may rust. • Ensure that a child or nonminor dependent knows how to properly store the medications so that it is inaccessible to other children if a child or nonminor dependent is allowed access to his/her own medications.
Child or nonminor dependent arrives with medication	<ul style="list-style-type: none"> • Contact the prescriber/physician(s) to ensure that they are aware of all medications currently taken by the child or nonminor dependent, and get a copy of the prescription(s). Verify that medications that are currently taken by the child or nonminor dependent are still prescribed. • Inspect containers to ensure the labeling is accurate and that medication has been taken as prescribed (for example, if the child or nonminor dependent has been taking the pills as prescribed, confirm the right number of pills that are remaining). • Log medications as received and maintain the log in the child or nonminor dependent's case records. The log should include the child's or nonminor dependent's name, the name of the medication, the strength and quantity and instructions, etc. The LIC 622 may be used for this purpose. • Discuss medications with the child or nonminor dependent and/or the responsible person/authorized representative. • Store the medication.
A dosage is changed between refills	<ul style="list-style-type: none"> • Confirm with the prescriber/physician in writing prior to making the change. (Note: Prescription bottle labels cannot be altered by anyone other than the dispensing pharmacist.) • Discuss the change with the child or nonminor dependent and/or responsible person/authorized representative. • Note the change in the child's or nonminor dependent's case records. • Report and document any concerns or observed side effects to the prescriber/physician.

Scenario:	What to do:
Medication is refilled	<ul style="list-style-type: none"> • Never let medications run out unless directed to by the prescriber/physician. • Order refills promptly (a week ahead whenever possible). • Inspect containers to ensure all information on the label is correct. • Note any changes in instructions and/or medication (for example, change in dosage, change to generic brand, etc.) in the child's or nonminor dependent's case records. • Log medications as received accurately and maintain the log in the child's or nonminor dependent's case records. The log may include the child's or nonminor dependent's name, the name of the medication, the strength and quantity and instructions, etc. The LIC 622 may be used for this purpose.
Medications need to be destroyed (for any reason)	<ul style="list-style-type: none"> • Destroy medications that are no longer needed by the child or nonminor dependent and are no longer prescribed (done by the foster parent or the Resource Family), or take them to a pharmacy to be destroyed. Your county or city may have additional requirements related to the destruction of medication. Please consult with your local city and county officials.
Medication is permanently discontinued	<ul style="list-style-type: none"> • Confirm with the prescriber/physician and obtain written documentation of the discontinuation from the prescriber/physician to maintain in the child or nonminor dependents records. • Discuss the discontinuation with the authorized representative and/or the child or nonminor dependent. • Destroy the medications accordingly or take it to a pharmacy to be destroyed.
Medications are temporarily discontinued and/or placed on hold	<ul style="list-style-type: none"> • Obtain a written order from the prescriber/physician to hold the medication. • Discuss the change with the authorized representative and/or the child or nonminor dependent. • Have a procedure (i.e., card file/index card, notebook, and/or a flagging system) with the discontinuation date and restart date. • Mark or identify, without altering the label, medication containers that have hold orders. • Contact the prescriber/physician before a discontinuation/hold order expires to receive new instructions regarding whether or not the child or nonminor dependent should resume taking the medication.

Scenario:	What to do:
Medication reaches expiration date	<ul style="list-style-type: none"> • Check medication containers regularly for expiration dates. Please note that over-the-counter medications and ointments also have expiration dates. For ointments, the expiration date is usually at the bottom of the tube. • Communicate with the prescriber/physician and pharmacy promptly if a medication expires. • Do not use expired medications unless the prescriber/physician orders otherwise. • Destroy expired medications accordingly or take them to a pharmacy to be destroyed.
Child or nonminor dependent transfers, leaves medication behind when they have left the home, or dies	<ul style="list-style-type: none"> • Ensure that all medications, including over-the-counter medications, go with the child or nonminor dependent whenever possible. • Document when medication is transferred with the child or nonminor dependent. • Account for the quantity of medication being transferred. • Obtain the signature of the person accepting the medication (i.e. the authorized representative). • Destroy medications if the child or nonminor dependent dies.
Child nonminor dependent missed or refused medications	<ul style="list-style-type: none"> • Never force a child or nonminor dependent to take any medication. • Document in the child's or nonminor dependent's case record missed/refused medications. It is important to know the significance of a missed or refused medication. In some cases, it can be important to contact the prescribing physician immediately for guidance. • Talk to the child or nonminor dependent and find out why he/she is refusing the medication (the medication may hinder sleep, give the child or nonminor dependent a headache, etc.). This may require a follow-up discussion with the prescriber/physician and/or may indicate changes in the child or nonminor dependent that require a reassessment of his/her needs. • Notify the responsible person/authorized representative.
The child or nonminor dependent arrives with prepackaged medications	<ul style="list-style-type: none"> • Prepackaged medications (bubble packs, trays, cassettes, etc.) are only allowed if they are packed and labeled by a pharmacy (with the exception of over-the-counter medications). • Talk to the pharmacist for advice on what to do in case one dose is contaminated and must be destroyed.

Scenario:	What to do:
Medications need to be crushed or altered	<ul style="list-style-type: none"> • Never “slip” medications to a child or nonminor dependent without his/her knowledge. Medications may only be crushed or altered to enhance swallowing or taste. • Document the following in the child’s or nonminor dependent’s case record if the medication is to be crushed or altered: <ul style="list-style-type: none"> ○ A prescriber/physician’s order specifying the name and dosage of the medication to be crushed. ○ Verification of consultation with a pharmacist or prescriber/physician that the medication can be safely crushed, identification of foods and liquids that can be mixed with the medications, and instructions for crushing or mixing medications. ○ A form consenting to crushing the medication signed by the adult with the responsibility for decisions related to the child’s or nonminor dependent’s medical care.
Child or nonminor dependent experiences side effects from a medication	<ul style="list-style-type: none"> • Report if the child or nonminor dependent is experiencing side effects from a medication or if changes in the behavior of the child or nonminor dependent are observed to the prescriber/physician. • Make a note of the reported side effects or observations in the child’s or nonminor dependent’s record.
Medications are transferred for home visits, outings, etc.	<ul style="list-style-type: none"> • Give the medications to a responsible person/authorized representative in an envelope (or similar container) labeled with the foster parent’s or Resource Family’s name and address, child’s or nonminor dependent’s name, name of medication(s), and instructions for administering the dose when a child or nonminor dependent leaves the home for a short period of time during which <u>only one dose</u> of medication is needed. • Give the full medication container to the responsible person/authorized representative. Have the pharmacy either fill a separate prescription or separate the existing prescription into two bottles. Have the child’s or nonminor dependent’s family obtain a separate supply of the medication for use when the child or nonminor dependent visits the family, if a child or nonminor dependent is to be gone for <u>more than one dosage period</u>. • When the child or nonminor dependent returns from the visit, count the medication to verify that the correct amount was returned with the child or nonminor dependent.
Alternative caregivers	<ul style="list-style-type: none"> • Provide the alternative caregiver with the following when leaving a child or nonminor dependent in the care of an alternative caregiver: <ul style="list-style-type: none"> ○ Information about the emotional, behavioral, medical, or physical conditions of the child or nonminor dependent, if any; and ○ Any medication that should be administered during the time the child or nonminor dependent is being supervised by the alternative caregiver and the prescribing medical professional’s instructions.

SPECIFIC TYPES OF MEDICATIONS

Ear Drops, Eye Drops and Nasal Sprays

A foster parent or Resource Family shall assist children as needed and nonminor dependents upon request with the self-administration of prescription and non-prescription ear drops, eye drops and nasal sprays. If a child or nonminor dependent cannot self-administer, then the medication may be administered by a foster parent or Resource Family or by an appropriately trained person.

Prior to providing the child or nonminor dependent with assistance to self-administer or administering the drops, a foster parent or Resource Family should consider the use of assistive devices, such as an eye cup, which would enable the child or nonminor dependent to effectively self-administer the drops.

Emergency Medication(s) (e.g., inhaler, Epipens etc.)

A child who has a medical condition requiring the immediate availability of emergency medication may maintain the medication in his/her possession when:

- The prescriber/physician has ordered the medication and has determined that the child is capable of determining his/her need for a dosage of the medication and that possession of the medication by the child is safe.
- The prescriber/physician's determination clearly indicates the dosage and quantity of medication that should be maintained by the child.

A nonminor dependent may store emergency medication in his/her possession, but a foster parent or Resource Family should ensure that such storage maintains the safety of other children and nonminor dependents in the foster family or Resource Family home and ensure that the emergency medication is stored properly by the nonminor dependent.

Injectable Medications

If a child or nonminor dependent requires an injectable medication, a foster parent or Resource Family should ensure the following:

- Foster parents and Resource Families shall assist children as needed and nonminor dependents upon request with the administration or self-administration of prescription medication injections.
- A foster parent or Resource Family who has been trained to administer injections by a licensed health care professional may administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock to a minor child or nonminor dependent.
- The prescriber/physician's medical assessment contains documentation of the need for injectable medication.
- Sufficient amounts of medication, test equipment, syringes, needles, and other supplies should be maintained in the home and stored properly.
- Syringes and needles are disposed of in a "container for sharps," and the container is kept inaccessible to children or nonminor dependents.

- Insulin and other injectable medications are kept in the original containers until the prescribed single dose is measured into a syringe for immediate injection.
- Pre-measured doses of insulin or other injectable medications are packaged in individual syringes prepared by a pharmacist or the manufacturer.
- Injectable medications that require refrigeration should be kept locked.

Over-the-Counter Medications/Non-Prescription Medications

Despite the relative ease of obtaining them, over-the-counter (OTC) medications (e.g., aspirin, cold medications, etc.) can also be dangerous (i.e. overdose risk, alcohol in cold medication, etc.). Foster parents or Resource Families are responsible for protecting a child's or nonminor dependent's health and safety in the self-administration of OTC medications. Good practice includes ensuring that:

- OTC medications are centrally stored if the foster parent or Resource Family determines that they may be a safety hazard to any person in the home.
- OTC medications are given on an "as needed" basis as prescribed by the child's or nonminor dependent's physician, or as directed on the medication's label.

Centrally stored, stock supplies of over-the-counter medications may be used in a foster family home or Resource Family. The foster parent or Resource Family should verify that the child's or nonminor dependent's prescriber/physician has approved the use of the OTC medications before giving him/her a dose from the house supply.

Sample Medications

A sample medication may only be used by the child or nonminor dependent if the medication has been provided by a prescriber/physician. Sample medications must have all the information required on a regular prescription label, except pharmacy name and prescription number.

PRN Medications (Medications Delivered "As Needed")

"PRN" is the abbreviation for "*pro re nata*," which is Latin for: "as the occasion arises" or "when necessary." PRN medication can be either prescription medication or over-the-counter medication. A foster parent or Resource Family shall document the date, time, and dose of the medication administered. Documentation shall be maintained in a child's or nonminor dependent's case record. If the child or nonminor dependent is not able to determine the need for PRN medication, the foster parent or Resource Family will determine the need in accordance with the medical instructions.

SPECIAL CONSIDERATIONS FOR PSYCHOTROPIC MEDICATIONS

Psychotropic medications are medications prescribed to affect the central nervous system to treat psychiatric disorders or illnesses. These medications may include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants. As a chemical substance designed to affect the central nervous system, psychotropic medications affect the brain and have the potential to change a child's or nonminor dependent's perception, mood,

consciousness, cognition, and/or behavior. For these reasons, psychotropic medications must be treated with special consideration.

Foster family and Resource Family home training must include training on the authorization, uses, risks, benefits, assistance with self-administration, oversight, and monitoring of psychotropic medications, trauma, and substance use disorder and mental health treatments, including how to access those treatments.

Psychotropic medication shall be used only in accordance with the written directions of the prescribing physician and as authorized by the juvenile court. In California, a juvenile court must authorize the administration of a psychotropic medication for a minor child. The process begins when the social worker submits the completed Application Regarding Psychotropic Medication ([JV-220](#)) form to the juvenile court on behalf of the child. The court order authorizing psychotropic medication is the Order on Application for Psychotropic Medication ([JV-223](#)). The social worker will provide the JV-223 to the FFA and/or the foster parent or Resource Family, who must retain a copy in order to assist a child with the administration or self-administration of a psychotropic medication.

In addition to the JV-223, foster parents and Resource Families shall also maintain a separate log for each medication prescribed for each child. The child's name, medication name, the date prescribed, dosage, number of refills, the date and time each dose is taken should be included in the log. A Medication Administration Record (MAR) can be used for this. The Department is in the process of finalizing the LIC 622A and LIC 622B which can be used to record the administration of medications.

PSYCHOTROPIC MEDICATION SCENARIOS

What follows are some specific scenarios to consider when providing care to children or nonminor dependents with psychotropic medication needs. Most of the guidance described in this document applies to all medications. But additional considerations are warranted for children or nonminor dependents taking psychotropic medication. The "What to do" guidance provides recommendations that constitute good practice. If you have questions regarding any of these scenarios, or if you need any further clarification, please contact your [CCLD Regional Office, FFA or County Social Worker](#).

Scenario:	What to do:
Accepting a child or nonminor dependent who currently has a prescription for or is currently taking a psychotropic medication and is a dependent or ward of the court	<ul style="list-style-type: none"> • Ask the authorized representative if the child or nonminor dependent is currently taking any psychotropic medications. • Discuss what the prescribed medications are with the child/nonminor dependent. • Ask for the JV-223 if the child or nonminor dependent is taking a psychotropic medication. • The county social worker shall provide the JV-223 to the FFA, foster parent or Resource Family.

Scenario:	What to do:
Accepting a child who currently has a prescription for a psychotropic medication who is not a ward or dependent of the court	<ul style="list-style-type: none"> • Request the contact information for the new child's current psychiatrist, a copy of a current prescription with administering instructions, and the parents' or guardian's consent for continued treatment of the child. • Discuss what the prescribed medications are with the child/nonminor dependent.
Child or nonminor dependent refuses to take his/her medication as prescribed during a medication time	<ul style="list-style-type: none"> • Never force a child or nonminor dependent to take any medication. • Discipline based on a child's or nonminor dependent's refusal to take his/her medication is not appropriate. • Document the specific reason(s) why the child or nonminor dependent is refusing the medication. Foster parents or Resource Family may utilize proactive strategies such as: <ul style="list-style-type: none"> ○ Ask the child or nonminor dependent why he/she is refusing. ○ Allow the child or nonminor dependent some time to rethink his/her decision before asking him/her again if he/she would like to take the medication. ○ Support the child or nonminor dependent in seeking out information and guidance from a licensed health care professional about his/her concerns with taking the medication. • Consult with the child's or nonminor dependent's social worker or probation officer and/or the child's or nonminor dependent's clinical treatment team about appropriate actions to take regarding the refusal. The prescriber/physician and clinical treatment team should take into consideration the specific medication refused. • Notify the attending prescriber/physician immediately. A refused medication should be documented in the child's or nonminor dependent's medication record and in the needs and service plan if this becomes a pattern. • Notify the authorized representative, as appropriate. • Report a child's or nonminor dependent's refusal to take a medication to the FFA or the social worker if it threatens the physical or emotional health or safety of any person residing in the home.

Scenario:	What to do:
Child or nonminor dependent refuses to take his/her medication as prescribed and states that he/she no longer wants to be on medication	<ul style="list-style-type: none"> • Never force a child or nonminor dependent to take any medication. • Discipline based on a child's or nonminor dependent's refusal to take his/her medication is not appropriate. • Consult with the child's or nonminor dependent's social worker or probation officer and/or the child's or nonminor dependent's clinical treatment team about appropriate actions to take regarding the refusal. The prescriber/physician and clinical treatment team should take into consideration the specific medication refused. • Notify the attending prescriber/physician immediately. A refused medication should be documented in the child's or nonminor dependent's medication record. • Contact the child's or nonminor dependent's prescriber/physician and/or clinical treatment team in order to set up a medical appointment with the prescribing doctor to address the child's or nonminor dependent's concerns about no longer wanting to take the medication. • Notify the authorized representative, as appropriate. • Report a child's or nonminor dependent's refusal to take a medication to the FFA or the county social worker if it threatens the physical or emotional health or safety of any person residing in the home.

RESOURCES

The following resources are available to assist with training, education and empowerment of children, nonminor dependents, and caregivers as it relates to mental health rights and medication needs:

- [Questions to Ask About Medications](http://www.dhcs.ca.gov/provgovpart/Documents/PharmacyBenefits/QIPFosterCare/YouthFamEd/Questions_to_Ask_about_Medications.pdf) – A document to help parents and caregivers improve their skills and knowledge about side effects and adverse symptoms related to medications. This document can be accessed at:
http://www.dhcs.ca.gov/provgovpart/Documents/PharmacyBenefits/QIPFosterCare/YouthFamEd/Questions_to_Ask_about_Medications.pdf
- [Foster Youth Mental Health Bill of Rights](http://www.dhcs.ca.gov/provgovpart/Documents/PharmacyBenefits/QIPFosterCare/YouthFamEd/Foster_Youth_BOR_v2_20_15.pdf) – A document to educate youth, parents, and caregivers about the rights of a foster youth as they pertain to psychotropic medications. This document can be accessed at:
http://www.dhcs.ca.gov/provgovpart/Documents/PharmacyBenefits/QIPFosterCare/YouthFamEd/Foster_Youth_BOR_v2_20_15.pdf

APPENDIX OF APPLICABLE LICENSING LAWS AND REGULATIONS

This Appendix provides specific statutes and regulations that apply to this resource guide. To view the most current version of all of the regulations that govern foster family homes and Resource Family homes, please visit our website at:

<http://www.dss.cahwnet.gov/ord/PG295.htm>. For statutory references, please use the following link: <http://leginfo.legislature.ca.gov/faces/codes.xhtml>. For interim licensing standards, please follow the link: www.cdss.ca.gov/cdssweb/entres/pdf/CCR/FFA_InterimLicensingStandards.pdf

General Licensing Requirements

80069 *Client Medical Assessment*

- 80069(a) – Except for licensees of ARFs, prior to or within 30 calendar days following the acceptance of a client, the licensee shall obtain a written medical assessment of the client, as specified in Section 80069(c), which enables the licensee to determine his/her ability to provide necessary health related services to the client. The assessment shall be used in developing the Needs and Services Plan.
 - 80069(a)(1) – The assessment shall be performed by a licensed physician or designee, who is also a licensed professional, and the assessment shall not be more than one year old when obtained.
- 80069(b) – In ARFs, prior to accepting a client into care, the licensee shall obtain and keep on file documentation of the client's medical assessment.
 - 80069(b)(1) – Such assessment shall be performed by a licensed physician, or designee, who is also a licensed professional, and the assessment shall not be more than one year old when obtained.
- 80069(c) – The medical assessment shall include the following:
 - 80069(c)(1) – The results of an examination for communicable tuberculosis and other contagious/infectious diseases.
 - 80069(c)(2) – Identification of the client's special problems and needs.
 - 80069(c)(3) – Identification of any prescribed medications being taken by the client.
 - 80069(c)(4) – A determination of the client's ambulatory status, as defined by Section 80001(n)(2).
 - 80069(c)(5) – Identification of physical restrictions, including any medically necessary diet restrictions, to determine the client's capacity to participate in the licensee's program.
- 80069(d) – In addition to Section 80069(c), the medical assessment for clients in ARFs shall include the following:
 - 80069(d)(1) – A physical examination of the person, indicating the physician's primary diagnosis and secondary diagnosis, if any.
 - 80069(d)(2) – Identification of other medical conditions, including those described in Section 80092 which are restricted and Section 80091, which would preclude care of the person by the licensee.
 - 80069(d)(3) – Documentation of prior medical services and history.
 - 80069(d)(4) – Current medical status including, but not limited to, height, weight, and blood pressure.

- 80069(d)(5) – Identification of the client's needs as a result of any medical information contained in the report.
- 80069(e) – The licensing agency shall have the authority to require the licensee to obtain a current written medical assessment, if such an assessment is necessary to verify the appropriateness of a client's placement.

Foster Family Agency

88001 Definitions

- 88001(f)(1) – "Family Health Care" means health care which does not require the skills of qualified technical or professional personnel and is provided to a child by the foster parent in accordance with Section 83075(e). When these requirements are met, the family health care that may be provided includes, but is not limited to the following:
 - 88001(f)(1)(A) – Routine administration of medications such as the administration of suppositories, ointments, lotions, pills, enemas or medications given by liquid medication dispenser, puffer, dropper or nebulizer.
 - 88001(f)(1)(B) – Changing ostomy or indwelling urinary catheter bags.
 - 88001(f)(1)(C) – Urine and blood glucose testing using a monitoring kit approved for home use.
 - 88001(f)(1)(D) – Heart and apnea monitoring when it is simply the case of providing stimulation to the infant/child when the cardiac or respiratory rate falls below a specified rate and not a matter of interpreting a monitor pattern with the intervention based on that interpretation.
 - 88001(f)(1)(E) – Assistance with procedures self-administered by older children free of severe mental or physical disabilities such as insulin injection and oxygen administration
- 88001(h)(1) – "Health Care Professional" means a physician or an individual who is licensed or certified under Division 2 of the Business and Professions Code to perform the necessary client care procedures prescribed by a physician. Such health care professionals include the following: Registered Nurse, Public Health Nurse, Licensed Vocational Nurse, Psychiatric Technician, Physical Therapist, Occupational Therapist and Respiratory Therapist.
- 88001(i)(1) – "Individualized Health Care Plan" means the written plan developed by an individualized health care plan team and approved by the team physician, or other health care professional designated by the physician to serve on the team, for the provision of specialized in-home health care.
- 88001(i)(2) – "Individualized Health Care Plan Team" means those individuals who develop an individualized health care plan for a child with special health care needs. This team must include the child's primary care physician or other health care professional designated by the physician, any involved medical team, the county social worker or regional center caseworker, and the registered nurse employed by or under contract with the foster family agency to supervise and monitor the specialized in-home health care provided to the child as stated in the child's individualized health care plan. The individualized health care plan team may include, but shall not be limited to, a public health nurse, representatives from the California Children's Services Program or the Child Health and Disability Prevention Program, regional centers, the county mental health

department and where reunification is the goal, the parent or parents, if available. In addition, the individualized health care plan team may include the prospective specialized certified parent(s) who shall not participate in any team determination required by Sections 83010.1(a)(1)(C), 83065.1(a)(1)(B) and 88030.1(c)(1)(B).

- 88001(m)(1) – "Medical Conditions Requiring Specialized In-Home Health Care" means, provided that care may be safely and adequately administered in the home:
 - 88001(m)(1)(A) – A dependency upon one or more of the following when, but for the fact that trained foster parents may provide these services under Welfare and Institutions Code Section 17736, the skills of qualified technical or professional personnel would be necessary: enteral feeding tube, total parenteral feeding, a cardiorespiratory monitor, intravenous therapy, a ventilator, oxygen support, urinary catheterization, renal dialysis, ministrations imposed by tracheostomy, colostomy, ileostomy, ileal conduit, or other medical or surgical procedures or special medication regimens, including injection, and intravenous medication; or
 - 88001(m)(1)(B) – Conditions such as AIDS, premature birth, congenital defects, severe seizure disorders, severe asthma, bronchopulmonary dysplasia, and severe gastroesophageal reflux when, because his/her condition could rapidly deteriorate causing permanent injury or death, the child requires in-home health care other than, or in addition to, family health care.

88069 *Children's Medical Assessment*

- 88069(a) – In addition to Section 80069, the following shall apply:
 - 88069(a)(1) – The foster family agency shall provide the certified parent(s) or foster family home licensee(s) with a copy of each child's current medical assessment.
 - 88069(a)(2) – If a current medical assessment cannot be obtained, the foster family agency shall ensure that a current medical assessment is completed within 30 days of placement of the child.
 - 80069(a)(2)(A) – If the medical assessment cannot be completed within 30 days, a medical appointment date shall be obtained by the foster family agency within 30 days of placement of the child.

Foster Family Homes

89201 *Definitions*

- 89201(p)(5) – "PRN Medication" (pro re nata) means any nonprescription or prescription medication that is to be taken as needed.
- 89201(s)(1) – "Self Administer" means the act of a "child" administering or giving him or herself medicine or injections as specified in Sections 89475.1, Emergency Medical Assistance, Injections, and Self-Administration of Medications and 89475, Health Related Services.

89378 *Responsibility for Providing Care and Supervision*

- 89378(a)(1)(B) – Alternative Caregiver.
 - 89378(a)(1)(B)(1) – If the caregiver anticipates being absent from the home for longer than 24 hours, on an occasional basis, the caregiver is permitted to arrange for an alternative caregiver to provide care and supervision to a "child" unless

- prohibited by the social worker, probation officer, court order, or the licensing or approval agency.
- 89378(a)(1)(B)(2) – The caregiver shall apply the reasonable and prudent parent standard specified in Welfare and Institutions Code section 362.04 and Section 89377, Reasonable and Prudent Parent Standard, in determining and selecting appropriate alternative caregivers.
 - 89378(a)(1)(B)(2)(a) – At a minimum, the alternative caregiver shall meet the following requirements:
 - 89378(a)(1)(B)(2)(a)(i) – Is 18 years of age or older.
 - 89378(a)(1)(B)(2)(a)(ii) – Have a criminal record clearance and a child abuse central index clearance as specified in Welfare and Institutions Code section 1522 and Section 89319, Criminal Record Clearance Requirement.
 - 89378(a)(1)(B)(2)(a)(iii) – Have the willingness and ability to and shall comply with applicable statutes and regulations.
 - 89378(a)(1)(B)(2)(a)(iv) – Have the willingness and ability to provide care and supervision to a "child", taking into consideration the age, maturity, behavioral tendencies, mental and physical health, medications abilities and limitations, developmental level of, and court orders for a "child."
 - 89378(a)(1)(B) (3) – The care and supervision during the caregiver's absence shall occur in the caregiver's home.
 - 89378(a)(1)(B)(4) – The caregiver shall provide the alternative caregiver with the following information before leaving the home:
 - 89378(a)(1)(B)(4)(a) – Information about the emotional, behavioral, medical or physical conditions of a "child," if any.
 - 89378(a)(1)(B)(4)(b) – Any medication that should be administered to a "child" during the time the "child" is being supervised by the alternative caregiver, consistent with physician's instructions, when available.
 - 89378(a)(1)(B)(4)(c) – The name and telephone number of the social worker for a "child" and the caregiver's emergency contact information.
 - 89378(a)(1)(B)(5) – The caregiver shall provide verbal or written notification to the social worker or probation officer for a "child" prior to the caregiver's absence from the home. Notification shall include:
 - 89378(a)(1)(B)(5)(a) – The dates the caregiver plans to be absent from the home.
 - 89378(a)(1)(B)(5)(b) – The name of the alternative caregiver.
 - 89378(a)(1)(B)(5)(c) – An emergency number where the caregiver may be reached in their absence.
 - 89378(a)(1)(B)(6) – The caregiver shall receive prior approval from the social worker or probation officer for a "child" for any absence that exceeds 72 hours.

89387.2 *Storage Space*

- 89387.2(b)(2) – Medications shall be stored where inaccessible to a “child,” except as specified in Section 89475.1, Emergency Medical Assistance, Injections, and Self-Administration of Medications.

89468 *Admission Procedures*

- 89468(a) – At the time of placement for each “child,” the caregiver shall request the Health and Education Passport for a “child” and a written plan identifying the specific needs and services of the “child” from the placement worker if they are not immediately provided.
- 89468(b) – If the caregiver does not receive the Health and Education Passport for a “child” and the written plan identifying the specific needs and services of the “child” at the time of placement, the caregiver shall ask the placement social worker the name and age of the “child” and, at a minimum, all of the following Pre-Placement Questionnaire questions:
 - 89468(b)(1) – Does the “child” have any allergies? (i.e. any medications, peanuts, strawberries, dogs, cats, etc.)
 - 89468(b)(2) – Does the “child” have a history of infections or contagious diseases?
 - 89468(b)(3) – Is the “child” taking any prescription medications?
 - 89468(b)(4) – Does the “child” have physical limitations?
 - 89468(b)(4)(A) – Is any special care needed?
 - 89468(b)(5) – Does the “child” have any medical conditions I should know about? (i.e. diabetes, epilepsy, etc.)
 - 89468(b)(6) – Does the “child” have any mental health conditions I should know about? (i.e. schizophrenia, bi-polar disorder, etc.)
 - 89468(b)(7) – Does the “child” have a history of suicide attempts?
 - 89468(b)(8) – Does the “child” have any behavioral problems? (i.e. drug abuse, running away, or starting fires, etc.)
 - 89468(b)(9) – Does the “child” have a history of physical or sexual abuse?
 - 89468(b)(10) – Does the “child” act out sexually?

89475 *Health Related Services*

- 89475(a) – Family health care, as defined in Section 89201, shall be administered by the caregiver to a “child” as outlined in writing by the appropriate medical professional.
 - 89475(a)(1) – The caregiver shall ask the medical professional to provide adequate and practical written instructions.
- 89475(b) – The caregiver shall maintain first aid supplies appropriate to the needs of a “child.”
- 89475(c) – When a “child” has a health condition that requires medication, the caregiver shall comply with the following:
 - 89475(c)(1) – Assist a “child” with self-administration as needed.
 - 89475(c)(1)(A) – If the physician of a “child” gives permission as specified in Section 89475.1, subsection (f), the “child” may self-administer medication or injections.
 - 89475(c)(2) – Ensure that instructions are followed as outlined by the appropriate medical professional.

- 89475(c)(3) – Medication shall be stored in the original container with the original unaltered label.
- 89475(c)(4) – Prescription medication must be administered to a "child" as directed on the label or as directed in writing by the physician.
- 89475(c)(5) – Non-prescription medication must be administered to a "child" as directed on the label or as directed by the appropriate medical professional.
- 89475(c)(6) – The administration of prescription PRN medication to a "child" shall require caregiver documentation of the date, time, and dose of medication administered.
- 89475(c)(7) – If a "child" cannot determine his or her own need for medication, the caregiver shall determine the need of a "child" in accordance with medical instructions.
- 89475(d) – Under no circumstances shall a "child" be required to take psychotropic medication without a court order as specified in Section 89475.1, subsection (g).
- 89475(e) – The caregiver shall provide emergency medical assistance and injections to a "child" as specified in Section 89475.1, Emergency Medical Assistance, Injections, and Self-Administration of Medications.

89475.1 *Emergency Medical Assistance, Injections, and Self-Administration of Medications*

- 89475.1(a) – A caregiver shall ensure that persons who provide emergency medical assistance and injections to a "child" are trained as specified in Health and Safety Code section 1507.25.
- 89475.1(b) – Emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock may be provided to a "child" as specified in Health and Safety Code section 1507.25.
- 89475.1(c) – Subcutaneous injections of other medications, including insulin, as prescribed by the physician of a "child," may be provided as specified in Health and Safety Code section 1507.25.
- 89475.1(d) – The caregiver shall ensure the date, time and dose of all injections administered to a "child," including injections self-administered by a "child," are documented by the person giving the injection as specified in Health and Safety Code section 1507.25.
- 89475.1(e) – The caregiver shall ensure the date, time and results of glucose testing and monitoring are documented by the person assisting with the testing as specified in Health and Safety Code section 1507.25.
- 89475.1(f) – Unless prohibited by court order, a "child" may self-administer medication or injections if the physician of a "child" gives permission. The caregiver shall ensure that a "child" knows how to:
 - 89475.1(f)(1) – Self-administer their medication and injections,
 - 89475.1(f)(2) – Document when they self-administer their medication and injections, and
 - 89475.1(f)(3) – Properly store the medication so that it is not accessible to other children.

- 89475.1(g) – Psychotropic medication shall only be given if the Juvenile court has approved a medication request by a physician, as provided in Welfare and Institutions Code sections 369.5, subsection (a) and 739.5, subsection (a).
- 89475.1(h) – The caregiver shall maintain all documentation of injections and glucose testing and monitoring specified in subsections (d) and (e) in the current record or file for a "child."

89587.1 Additional Buildings and Grounds Requirements for Specialized Foster Family Homes.

- 89587.1(a) – Areas in the home that include, but are not limited to, bedrooms, bathrooms, toilets, dining areas, passageways, and recreational spaces used by a "child with special health care needs" shall be large enough to accommodate any medical equipment that a "child" needs.
 - 89587.1(a)(1) – A bedroom that is occupied by a "child with special health care needs" shall be large enough to allow storage of each child's personal items and any required medical equipment or assistive devices, including wheelchairs, adjacent to a child's bed.
 - 89587.1(a)(1)(A) – The bedroom shall be large enough to permit unobstructed bedside assistance with medical procedures and medications.
- 89587.1(b) – Notwithstanding Section 89387, subsection (a)(1), a bedroom used by a "child with special health care needs" shall not be shared with another child who resides in the home if a child's need for medical services or a child's medical condition would be incompatible with each child's use and enjoyment of the bedroom.
- 89587.1(c) – When required by the individualized health care plan for a "child," the caregiver(s) or other adult caring for a "child" shall sleep in a bedroom adjacent or in close proximity to the child's room or use a monitoring device to alert the caregiver.

FFA Interim Licensing Standards

88487.15 Health Related Services

- 88487.15(a) – Family health care shall be provided by a Resource Family to a child, and as requested by a nonminor dependent, in accordance with the written instructions from the health professional for the child or nonminor dependent.
 - 88487.15(a)(1) – The Resource Family shall ask the health professional to provide adequate and practical written instructions.
- 88487.15(b) – A Resource Family shall maintain first aid supplies appropriate to the needs of a child or nonminor dependent.
 - 88487.15(b)(1) – A Resource Family shall ensure that a nonminor dependent has access to the first aid supplies.
- 88487.15(c) – When a child or nonminor dependent has a health condition that requires medication, including injections, a Resource Family shall comply with the following:
 - 88487.15(c)(1) – Assist a child with self-administration of the medication as directed on the label or in writing by the physician of the child.
 - 88487.15(c)(1)(A) – If the physician of a child gives permission, as specified in Section 88487.16(f), the child may self-administer medications, including injections.

- 88487.15(c)(2) – Assist a nonminor dependent with self-administration of the medication, if requested by the nonminor dependent, as directed on the label or in writing by the physician of the nonminor dependent.
- 88487.15(c)(3) – Ensure that instructions are followed as outlined by the appropriate health professional.
- 88487.15(c)(4) – Store medication in the original container with the original unaltered label.
- 88487.15(c)(5) – Document the date, time, and dose of any prescription medication given to a child or nonminor dependent.
- 88487.15(c)(6) – If a child or nonminor dependent cannot determine his or her own need for medication, a Resource Family shall determine the need of the child or nonminor dependent in accordance with written medical instructions.
- 88487.15(d) – Under no circumstances shall a child or nonminor dependent be required to take psychotropic medication without a court order as specified in Section 88487.16(g).
- 88487.15(e) – For children 12 years of age or older, a Resource Family shall allow access and assist a child or nonminor dependent in accessing age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections (STIs).
 - 88487.15(e)(1) – A Resource Family shall direct a child or nonminor dependent to reliable sources of information.
 - 88487.15(e)(2) – A Resource Family shall not require a child or nonminor dependent to practice abstinence.
- 88487.15(f) – A Resource Family shall maintain documentation of all prescription medications given to a child or nonminor dependent in the case record for a child or nonminor dependent as specified in Section 88487.7 psychotropic medication.

88487.16 *Emergency Medical Assistance, Injections, and Self Administration of Medications*

- 88487.16(a) – A Resource Family or designated substitute caregiver may provide emergency medical assistance to a child or nonminor dependent and give injections to a child or nonminor dependent for severe diabetic hypoglycemia and anaphylactic shock.
- 88487.16(b) – A Resource Family or designated substitute caregiver may give prescribed injections, including insulin, to a child or nonminor dependent as prescribed by the physician of the child or nonminor dependent.
- 88487.16(c) – Prior to administering any medical assistance or injections authorized by this section, a Resource Family and designated substitute caregiver shall obtain training from a health professional within his or her scope of practice.
- 88487.16(d) – A Resource Family shall ensure that the date, time and dose of all injections administered given to a child or nonminor dependent, including injections self-administered by a child, are documented by the person giving the injection or assisting with the self-administration of the injection.
- 88487.16(e) – A Resource Family shall ensure the date, time, and results of glucose testing and monitoring for a child or nonminor dependent are documented by the person assisting with the testing.

- 88487.16(f) – Unless prohibited by court order, a child may self-administer medication or injections if the physician of a child gives permission. A Resource Family shall ensure that a child knows how to do all of the following:
 - 88487.16(f)(1) – Self-administer their medication and injections.
 - 88487.16(f)(2) – Document when they self-administer their medication and injections.
 - 88487.16(f)(3) – Properly store the medication so that it is not accessible to other children or nonminor dependents.

Health and Safety Code

Article 1 *General Provisions*

- 1507.25(a)(1) – Notwithstanding any other provision of law, a person described in paragraph (2), who is not a licensed health care professional, but who is trained to administer injections by a licensed health care professional practicing within his or her scope of practice, may administer emergency medical assistance and injections for severe diabetic hypoglycemia and anaphylactic shock to a foster child in placement.
- 1507.25(a)(2) – The following individuals shall be authorized to administer emergency medical assistance and injections in accordance with this subdivision:
 - 1507.25(a)(2)(G) – A direct care foster parent member of a small family home or a foster family home.
- 1507.25(a)(3) – The licensed health care professional shall periodically review, correct, or update training provided pursuant to this section as he or she deems necessary and appropriate.
- 1507.25(b)(1) – Notwithstanding any other provision of law, a person described in paragraph (2), who is not a licensed health care professional, but who is trained to administer injections by a licensed health care professional practicing within his or her scope of practice, may administer subcutaneous injections of other medications, including insulin, as prescribed by the child's physician, to a foster child in placement.
- 1507.25(b)(3) – The licensed health care professional shall periodically review, correct, or update training provided pursuant to this section as he or she deems necessary and appropriate.
- 1507.25(c) – For purposes of this section, administration of an insulin injection shall include all necessary supportive activities related to the preparation and administration of injection, including glucose testing and monitoring.
- 1507.25(e) – This section does not supersede the requirements of Section 369.5 of the Welfare and Institutions Code, with respect to the administration of psychotropic medication to a dependent child of the court.
- 1507.6(b)(1) – Psychotropic medications shall be used only in accordance with the written directions of the physician prescribing the medication and as authorized by the juvenile court pursuant to Section 369.5 or 739.5 of the Welfare and Institutions Code.

- 1507.6(b)(2) – The facility shall maintain in a child’s records all of the following information:
 - 1507.6(b)(2)(A) – A copy of any court order authorizing the psychotropic medication for the child.
 - 1507.6(b)(2)(B) – A separate log for each psychotropic medication prescribed for the child, showing all of the following:
 - 1507.6(b)(2)(B)(i) – The name of the medication.
 - 1507.6(b)(2)(B)(ii) – The date of the prescription.
 - 1507.6(b)(2)(B)(iii) – The quantity of medication and number of refills initially prescribed.
 - 1507.6(b)(2)(B)(iv) – When applicable, any additional refills prescribed.
 - 1507.6(b)(2)(B)(v) – The required dosage and directions for use as specified in writing by the physician prescribing the medication, including any changes directed by the physician.
 - 1507.6(b)(2)(B)(vi) – The date and time of each dose taken by the child.

Article 2 Administration

- 1522.41(c)(2)(F) – Understanding the requirements and best practices regarding psychotropic medications, including, but not limited to, court authorization, uses, benefits, side effects, interactions, assistance with self-administration, misuse, documentation, storage, and metabolic monitoring of children prescribed psychotropic medications.

Welfare and Institutions Code

Article 10 Dependent Children—Judgments and Orders

- 369.5(a)(1) – If a child is adjudged a dependent child of the court under Section 300 and the child has been removed from the physical custody of the parent under Section 361, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child’s diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication.
- 369.5(b)(1) – In counties in which the county child welfare agency completes the request for authorization for the administration of psychotropic medication, the agency is encouraged to complete the request within three business days of receipt from the physician of the information necessary to fully complete the request.
- 369.5(b)(2) – Nothing in this subdivision is intended to change current local practice or local court rules with respect to the preparation and submission of requests for authorization for the administration of psychotropic medication.
- 369.5(c)(1) – Within seven court days from receipt by the court of a completed request, the juvenile court judicial officer shall either approve or deny in writing a request for

authorization for the administration of psychotropic medication to the child, or shall, upon a request by the parent, the legal guardian, or the child's attorney, or upon its own motion, set the matter for hearing.

- 369.5(c)(2) – Notwithstanding Section 827 or any other law, upon the approval or denial by the juvenile court judicial officer of a request for authorization for the administration of psychotropic medication, the county child welfare agency or other person or entity who submitted the request shall provide a copy of the court order approving or denying the request to the child's caregiver.
- 369.5(d) – Psychotropic medication or psychotropic drugs are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.
- 369.5(e) – Nothing in this section is intended to supersede local court rules regarding a minor's right to participate in mental health decisions.
- 369.5(f) – This section does not apply to nonminor dependents, as defined in subdivision (v) of Section 11400.

Article 18 Wards—Judgments and Orders

- 739.5(a)(1) – If a minor who has been adjudged a ward of the court under Section 601 or 602 is removed from the physical custody of the parent under Section 726 and placed into foster care, as defined in Section 727.4, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that minor. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the minor and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the minor's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication.
- 739.5(a)(2)(A) - On or before July 1, 2016, the Judicial Council shall amend and adopt rules of court and develop appropriate forms for the implementation of this section, in consultation with the State Department of Social Services, the State Department of Health Care Services, and stakeholders, including, but not limited to, the County Welfare Directors Association of California, the County Behavioral Health Directors Association of California, the Chief Probation Officers of California, associations representing current and former foster children, caregivers, and minor's attorneys. This effort shall be undertaken in coordination with the updates required under paragraph (2) of subdivision (a) of Section 369.5.
- 739.5(a)(2)(B) - The rules of court and forms developed pursuant to subparagraph (A) shall address all of the following:
 - (i) The minor and his or her caregiver and court-appointed special advocate, if any, have an opportunity to provide input on the medications being prescribed.
 - (ii) Information regarding the minor's overall mental health assessment and treatment plan is provided to the court.

(iii) Information regarding the rationale for the proposed medication, provided in the context of past and current treatment efforts, is provided to the court. This information shall include, but not be limited to, information on other pharmacological and nonpharmacological treatments that have been utilized and the minor's response to those treatments, a discussion of symptoms not alleviated or ameliorated by other current or past treatment efforts, and an explanation of how the psychotropic medication being prescribed is expected to improve the minor's symptoms.

(iv) Guidance is provided to the court on how to evaluate the request for authorization, including how to proceed if information, otherwise required to be included in a request for authorization under this section, is not included in a request for authorization submitted to the court.

- 739.5(a)(2)(C) - The rules of court and forms developed pursuant to subparagraph (A) shall include a process for periodic oversight by the court of orders regarding the administration of psychotropic medications that includes the caregiver's and minor's observations regarding the effectiveness of the medication and side effects, information on medication management appointments and other followup appointments with medical practitioners, and information on the delivery of other mental health treatments that are a part of the minor's overall treatment plan. This oversight process shall be conducted in conjunction with other regularly scheduled court hearings and reports provided to the court by the county probation agency.
- 739.5(b)(1) – The agency that completes the request for authorization for the administration of psychotropic medication is encouraged to complete the request within three business days of receipt from the physician of the information necessary to fully complete the request.
- 739.5(b)(2) – Nothing in this subdivision is intended to change current local practice or local court rules with respect to the preparation and submission of requests for authorization for the administration of psychotropic medication.
- 739.5(c) – Within seven court days from receipt by the court of a completed request, the juvenile court judicial officer shall either approve or deny in writing a request for authorization for the administration of psychotropic medication to the minor, or shall, upon a request by the parent, the legal guardian, or the minor's attorney, or upon its own motion, set the matter for hearing.
- 739.5(d) – Psychotropic medication or psychotropic drugs are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.
- 739.5(e) – Nothing in this section is intended to supersede local court rules regarding a minor's right to participate in mental health decisions.
- 739.5(f) – This section does not apply to nonminor dependents, as defined in subdivision (v) of Section 11400.